0329

MARYLAND

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH: COUNTY Carroll; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville X since 5-5-52
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE maryland; COUNTY ---
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2114 St. Paul St.

3. NAME OF DECEASED (Type or Print): (First) Brown; (Middle) Marvin; (Last) ALLEN

4. DATE OF DEATH: (Month) Jan; (Day) 21; (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 1-19-76

9. AGE last birthday: 78 yrs. If under 1 year: Months. Days. If under 24 hrs: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Insurance

10b. KIND OF BUSINESS OR INDUSTRY: Insurance

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Brown Allen

14. MOTHER'S MAIDEN NAME: Annie Figgatt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ---
(If year, give war or dates of service): ---

16. SOCIAL SECURITY NO.: 215-03-1146

17. INFORMANT AND ADDRESS: Records of Springfield State Hosp.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Bronchopneumonia — Interval Between Onset and Death: 2 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerosis — 2½ yrs

(c) Cerebral hemorrhage — 6 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with cerebral arteriosclerosis — 2½ yrs

19a. DATE OF OPERATION: --- 2

19b. MAJOR FINDINGS OF OPERATION: ---

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT (Specify) / SUICIDE / HOMICIDE: ---

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: ---

(CITY OR TOWN) (COUNTY) (STATE): ---

TIME OF INJURY (Month) (Day) (Year) (Hour): ---

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from Nov. 8, 19 52 to Jan 21, 19 54, that I last saw the deceased alive on Jan 21, 1954, and that death occurred at 9:00 pm m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Martin Gross, M.D. Martin Gross, M.D. ADDRESS Sykesville, Md DATE SIGNED Jan. 22, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 1-25-54
NAME OF CEMETERY OR CREMATORY: Druid Ridge.
LOCATION (City, town, or county) (State): Balto City

DATE REC'D BY LOCAL REG.: Jan. 22 1954
REGISTRAR'S SIGNATURE: C. Henry Taber

24. FUNERAL DIRECTOR: Wm Cook Inc
ADDRESS: 1317 St Paul St

MARGIN RESERVED FOR BINDING

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JAN 25 1954
BUREAU V. S.

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00320

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 71

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster 27 — LENGTH OF STAY (in this place) Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Windsor X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) ETHEL (Middle) JOHNSON (Last) BAILE (Type or Print)

4. DATE OF DEATH: (Month) Jan. (Day) 19 (Year) 19 54

5. SEX: female | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed | 8. DATE OF BIRTH: 4/30/1884 | 9. AGE last birthday: 69 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Music teacher-college-retired | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): N.B. Canada | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Levi Johnson | 14. MOTHER'S MAIDEN NAME: Sarah Jane Pickup

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no | 16. SOCIAL SECURITY NO.: none | 17. INFORMANT & ADDRESS: H.P. Bair, New Windsor, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

422.1
Immediate cause (a) Arteriosclerotic Cardio-Vascular
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Disease
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/1/49, 19....., to 1/12/54, 19....., that I last saw the deceased alive on 1/12/54, 19....., and that death occurred at 8.30 Am., from the causes and on the date stated above.

SIGNATURE (Degree or title) M. E. Robertson M.D. — ADDRESS New Windsor, Md — DATE SIGNED 1/19/54

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation | DATE THEREOF 1/22/54 | NAME OF CEMETERY OR CREMATORY Fort Lincoln | LOCATION (City, town, or county) Bladensburg, (State) Md.

DATE REC'D BY LOCAL REGISTRAR January 20, 1954 | REGISTRAR'S SIGNATURE Margaret R. England | 24. FUNERAL DIRECTOR D. D. Hahn & Son | ADDRESS New Windsor, Md.

VS. A15

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BUREAU V. S.

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MARYLAND

STATE DEPARTMETT OF HEALTH

00321

CERTIFICATE OF DEATH

Reg. Dist. No. 74

M

MARGIN RESERVED FOR BINDING

I

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Sykesville X
LENGTH OF STAY (in this place) since 10/17/52
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital 15

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY ---
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City 38014
STREET ADDRESS (If rural, give location) 2518 N. Charles Street

3. NAME OF DECEASED (Type or Print) (First) Mark (Middle) W. (Last) BALDWIN

4. DATE OF DEATH (Month) January (Day) 26 (Year) 1954

5. SEX male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single

8. DATE OF BIRTH 12/5/82

9. AGE last birthday 71 yrs. If under 1 year Months — Days — If under 24 hrs Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman

10b. KIND OF BUSINESS OR INDUSTRY Work

11. BIRTHPLACE (State or foreign country) Baltimore City, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Thomas P. Baldwin

14. MOTHER'S MAIDEN NAME Ella Carville Cunningham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If year, give war or dates of service) ---

16. SOCIAL SECURITY NO. unknown

17. INFORMANT AND ADDRESS Records of Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

447 X

Immediate cause (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis with hypertension and psychosis. — more than $1\frac{1}{4}$ yr.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Paget's disease — more than 1 yr.

19a. DATE OF OPERATION --- 0

19b. MAJOR FINDINGS OF OPERATION ---

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) ---

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ---

(CITY OR TOWN) (COUNTY) (STATE) ---

TIME OF INJURY (Month) (Day) (Year) (Hour) --- m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from Nov. 13, 1952, to Jan. 26, 1954, that I last saw the deceased alive on Jan. 26, 1954, and that death occurred at 3:10 p.m., from the causes and on the date stated above.

SIGNATURE Martin Gross, M.D. (Degree or title) ADDRESS Sykesville, Maryland DATE SIGNED 1/26/54

23. BURIAL, CREMATION REMOVAL (Specify) Removal DATE 1/28/54 NAME OF CEMETERY OR CREMATORY University Med. School LOCATION (City, town, or county) Balto City (State) Md

DATE REC'D BY LOCAL REG. Jan. 28, 1954 REGISTRAR'S SIGNATURE C. Harry Weer

24. FUNERAL DIRECTOR Frances A. Hemsley 578 W Bend St ADDRESS

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JAN 30 1924
BUREAU V. S.

0331

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

00329

Reg. Dist. No. 94

1. PLACE OF DEATH
COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville
LENGTH OF STAY (in this place): 16 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): County Home

3. NAME OF DECEASED (Type or Print): (First) Kate (Middle) - (Last) Bannatyne

4. DATE OF DEATH: (Month) January (Day) 9 (Year) 1954

5. SEX: F.

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Unknown

9. AGE last birthday: 70 yrs. If under 1 year: Months, Days. If under 24 hrs: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired schoolteacher

10b. KIND OF BUSINESS OR INDUSTRY: School

11. BIRTHPLACE (State or foreign country): Unknown

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unk.
(If year, give war or dates of service): —

16. SOCIAL SECURITY No.: Unk.

17. INFORMANT AND ADDRESS: Thomas Elias, Nephew, Frostburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

410 X

Immediate cause (a): Chronic mitro-valvular heart disease — Interval Between Onset and Death: years

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b): Arteriosclerosis — Unknown

(c): with dehydration — Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Chronic Brain Syndrome, senility — Unknown

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes X No

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-8, 19 54, to 1-9, 19 54, that I last saw the deceased alive on 1-9, 19 54, and that death occurred at 3:15 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Walther H Sonnenfeld M.D. ADDRESS: Springfield State Hospital, Sykesville, Md. DATE SIGNED: 1/9/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE: 1-12-54 NAME OF CEMETERY OR CREMATORY: Frostburg LOCATION (City, town, or county) (State): Allegany Co. Md.

DATE REC'D BY LOCAL REG.: Jan. 10, 1954 REGISTRAR'S SIGNATURE: C. Harry Weer

24. FUNERAL DIRECTOR: J. J. Durst ADDRESS: Frostburg, Md.

MARGIN RESERVED FOR BINDING

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00323

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 7 (

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Westminster X
LENGTH OF STAY (in this place): 8 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: X

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Rural Westminster
STREET ADDRESS (If rural, give location): Route #5

3. NAME OF DECEASED (Type or Print): (First) Ada (Middle) V. (Last) Baust

4. DATE OF DEATH: (Month) (Day) (Year) January 29, 1954 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: July 22, 1872

9. AGE last birthday: 81 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Wolfe

14. MOTHER'S MAIDEN NAME: Mary Corbin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Laverne Baust, Route #5, Westminster, Md.

4

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332X

Immediate cause (a) Cerebral softening — Interval between onset and death: 1 yr.±

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Arterio sclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 — 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-6-, 1953, to 1-29-, 1954, that I last saw the deceased alive on 1-28-, 1954, and that death occurred at 1:15 P m., from the causes and on the date stated above.

SIGNATURE: C. Reese Wilkins (Degree or title) — ADDRESS: Westminster — DATE SIGNED: 1-29-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: February 1, 1954 — NAME OF CEMETERY OR CREMATORY: Lutheran Cemetery — LOCATION (City, town, or county) (State): Uniontown, Maryland

DATE REC'D BY LOCAL REG.: January 31, 54 — REGISTRAR'S SIGNATURE: Margaret R. England

24. FUNERAL DIRECTOR — ADDRESS: C.O.Fuss & Son, Taneytown, Maryland

VS. A15

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BUREAU V. S.

0333

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 76

M

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Finksburg
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Finksburg Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) New Windsor Rural
STREET ADDRESS (If rural give location) Sams Creek

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) THOMAS (Last) BORLAND

4. DATE OF DEATH: (Month) Jan (Day) 22 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W
8. DATE OF BIRTH: June 5 1871
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired farmer
10b. KIND OF BUSINESS OR INDUSTRY: own farm
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William T Borland
14. MOTHER'S MAIDEN NAME: Mary Poole

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Grover Devilbiss, Union Bridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1
Immediate cause (a) Arteriosclerotic Cardio-vascular disease — Interval Between Onset And Death 10 yrs.
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1, 1950, to Jan 22, 1954, that I last saw the deceased alive on Jan 21, 1954, and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE M. E. Robertson (Degree or title) M.D. ADDRESS New Windsor Md DATE SIGNED 1/23/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Jan. 25-1954
NAME OF CEMETERY OR CREMATORY Bethel
LOCATION (City, town, or county) New Windsor Rural (State) Md

DATE REC'D BY LOCAL REGISTRAR 1/25/54
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR D. D. Hartzler & Sons ADDRESS New Windsor, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 325

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton
LENGTH OF STAY (in this place) 21 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 23
STREET ADDRESS (If rural give location) 542 N. Carrollton Ave.,

3. NAME OF DECEASED: (Type or Print) (First) BESSIE (Middle) ELIZABETH (Last) BRIGGS
4. DATE OF DEATH: (Month) JAN (Day) 29 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Nov., 1, 1904
9. AGE last birthday: 49 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: John Nash
14. MOTHER'S MAIDEN NAME: Marie Darby
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Deceased

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002 X

Immediate cause (a) Far advanced bilateral pulmonary tuberculosis

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Cardiac insufficiencey DUE TO (c)

Interval Between Onset And Death: About 1-year

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 8, 1954, to Jan., 29, 1954, that I last saw the deceased alive on Jan., 29, 1954, and that death occurred at 2:30 P.m., from the causes and on the date stated above.

SIGNATURE T. Hesfal (Degree or title) M.D. ADDRESS Henryton, Maryland DATE SIGNED 1-29-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 2/2/54 NAME OF CEMETERY OR CREMATORY Mount Calvary Cemetery LOCATION (City, town, or county) Brooklyn, Maryland (State)
DATE REC'D BY LOCAL REGISTRAR 1-29-54 REGISTRAR'S SIGNATURE Albert N. Smankhans Deputy Local
24. FUNERAL DIRECTOR Elary O. Wilson, ADDRESS 1000 Brantley Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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0335

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 74 326

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville X
LENGTH OF STAY (in this place) 16 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore, Maryland
STREET ADDRESS (If rural give location) 2802 E. Fairmount Avenue ✓

3. NAME OF DECEASED: (Type or Print) (First) Rosina (Middle) (Last) Camella
4. DATE OF DEATH: (Month) Jan. (Day) 12 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Aug. 1873
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Italy
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Salvadore Natale
14. MOTHER'S MAIDEN NAME: Augustine ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: Unk.
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 42.2.1 (a) Acute Heart Failure — Interval Between Onset And Death: 30 hrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chronic Arteriosclerotic Cardio-vascular Dis. — 16 yrs. or more

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with Cerebral Arteriosclerosis — 16 years

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 15, 1950, to Jan. 12, 1954, that I last saw the deceased alive on Jan. 12, 1954, and that death occurred at 2:40 P.M., from the causes and on the date stated above.

SIGNATURE Gertrud Sonnenfeldt (Degree or title) M.D. ADDRESS Springfield State Hospital Sykesville Md. DATE SIGNED 1/12/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 1-16-54
NAME OF CEMETERY OR CREMATORY Holy Redeemer
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR Jan. 13, 1954
REGISTRAR'S SIGNATURE C. Harry Weir
24. FUNERAL DIRECTOR Wm Cook, Inc. ADDRESS 1217 St Paul St. Balto.

DUREAU V. E.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 27

CERTIFICATE OF DEATH

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster 27
LENGTH OF STAY (in this place) 38 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 112 E. Green St

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural give location) 112 E. Green St

3. NAME OF DECEASED: (Type or Print) (First) EDWARD (Middle) OLIVER (Last) CASH

4. DATE OF DEATH: (Month) Jan. (Day) 28 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Feb 26, 1866

9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Real Estate & Insurance

10b. KIND OF BUSINESS OR INDUSTRY: Salesman

11. BIRTHPLACE (State or foreign country): Detour Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lewis N. Cash

14. MOTHER'S MAIDEN NAME: ? Berely

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Truman B. Cash, Westminster Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

331 X
Immediate cause (a) acute Cardiac decompensation — 6 hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) acute Interstitial Nephritis — 2 wks
DUE TO (c) cerebral Hemorrhage — 3 Mos

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arterio Sclerosis — 8 years

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-21-, 1953, to 1-28-, 1954, that I last saw the deceased alive on 1-28, 1954, and that death occurred at 10:50 54., from the causes and on the date stated above.

SIGNATURE (Degree or title) Chas. R. Foutz MD. ADDRESS Westminster, Md DATE SIGNED 1-29-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Feb. 1 54 — NAME OF CEMETERY OR CREMATORY Baughs Cemetery — LOCATION (City, town, or county) (State) Taneytown, Fred Co. Md.

DATE REC'D BY LOCAL REGISTRAR 1/30/54 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR J. S. Myers Jr. — ADDRESS Westminster Md

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MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 74

M

1. PLACE OF DEATH — COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville
LENGTH OF STAY (in this place): 8 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 4626 York Road

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): EILEEN JOSEPHINE COFFAY
4. DATE OF DEATH (Month) (Day) (Year): January 16 1954

5. SEX: Fem.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: June ?? 1884
9. AGE last birthday: 69 yrs. — If under 1 year: Months, Days — If under 24 hrs: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Ireland
12. CITIZEN OF WHAT COUNTRY? Ireland

13. FATHER'S NAME: Timothy Coffay
14. MOTHER'S MAIDEN NAME: Marie Cismack

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443x

Immediate cause (a) Cerebral hemorrhage — hours

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive cardiovascular disease — 4 yrs and longer

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenia, paranoid type — 9 yrs and longer

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 15, 1950, to Jan. 16, 1954, that I last saw the deceased alive on Jan. 14, 1954 and that death occurred at 7 20 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Gertrud Sonnenfeldt M.D. Springfield State Hospital Sykesville Md. 1/16/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 1-19-54 — NAME OF CEMETERY OR CREMATORY: Cathedral Cem — LOCATION (City, town, or county) (State): Balto. City

DATE REC'D BY LOCAL REG.: Jan 18, 1954 — REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR — ADDRESS: WIEDEFELD & SON, GREENMOUNT AVE & 22ND

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ... 329

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Sykesville
LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Marriottsville Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Carroll
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Sykesville
STREET ADDRESS (If rural give location) Marriottsville Road

3. NAME OF DECEASED: (Type or Print) (First) Carrie (Middle) Hall (Last) Dean
4. DATE OF DEATH: (Month) Jan. (Day) 15 (Year) 1954

5. SEX: F.
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: May 27, 1885
9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Type Setter
10b. KIND OF BUSINESS OR INDUSTRY: News Paper
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Albert Hall
14. MOTHER'S MAIDEN NAME: Lovina Parkhurst

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: 217-09-7200
17. INFORMANT & ADDRESS: Mr David W. Dean - Sykesville, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
154X
Immediate cause (a) Rectum carcinoma
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Metastasis to liver & omentum
DUE TO
(c) cachexia carcinomatous

Interval Between Onset And Death: 2 or 3 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Heart valvular disease.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 10, 1954, to Jan. 15, 1954, that I last saw the deceased alive on Jan 15, 1954, and that death occurred at 6.00 A.M. from the causes and on the date stated above.
SIGNATURE Bertrand R Gau (Degree or title) M.D. ADDRESS Sykesville Md. DATE SIGNED 1-15-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 1-18-54
NAME OF CEMETERY OR CREMATORY Springfield
LOCATION (City, town, or county) (State) Sykesville, Md.
DATE REC'D BY LOCAL REGISTRAR Jan. 16, 1954
REGISTRAR'S SIGNATURE C. Harry Weer
24. FUNERAL DIRECTOR Weer & Haight - Sykesville, Md. ADDRESS
(Sign) H. Haight

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18.

CERTIFICATE OF DEATH

Reg. Dist. No. 1a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
LENGTH OF STAY (in this place) 73 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 30 Liberty St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location) 30 Liberty St.

3. NAME OF DECEASED: (First) JOHN (Middle) GLOYD (Last) DIFFENDAL

4. DATE OF DEATH: (Month) Jan (Day) 19 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: May 8 1880

9. AGE last birthday: 73 yrs.
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Hardware Store

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph F. Diffendal

14. MOTHER'S MAIDEN NAME: Anna Mary Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

16. SOCIAL SECURITY NO.: 216-30-2972

17. INFORMANT & ADDRESS: Jennie L. Diffendal 30 Liberty St. Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) Osteogenic Sarcoma Lt Humerus with Generalized Metastasis — Interval between onset and death: 10 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b) Hypertensive Cardiovascular Arteriosclerosis — over 2 1/2 yrs.
DUE TO (c) Heart Block — 1 1/2 yrs.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 6/15/53

19b. MAJOR FINDINGS OF OPERATION: Pathological Fracture Lt Humerus (see above)

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/24, 19 53, to 1/19, 19 54, that I last saw the deceased alive on 1/19, 19 54, and that death occurred at 5:30 A m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
J. Allen Moulton M.D. Westminsta Md. 1/20/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Jan. 22, 1954

NAME OF CEMETERY OR CREMATORY: Bridge Cemetery

LOCATION (City, town, or county) (State): Westminster, Md.

DATE REC'D BY LOCAL REG. 1/21/54

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS: H Bankard & Son Westminster Md.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 1324

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville X
LENGTH OF STAY (in this place) 2mos. 20days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hosp. 15

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE ~~Maryland~~ Pa. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Drexel Hill ~~Baltimore City~~
STREET ADDRESS (If rural give location) 475 Penn Ave. Unknown Pt. was a resident of the Inf. Ward at B.C.H. for 20 yrs.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Mae (Last) Dillon

4. DATE OF DEATH: (Month) 1 (Day) 5 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: ~~Unknown~~ 10/20/72
9. AGE last birthday: Approx 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Unknown
10b. KIND OF BUSINESS OR INDUSTRY: ~~Unk~~
11. BIRTHPLACE (State or foreign country): ~~Unknown~~ NJ
12. CITIZEN OF WHAT COUNTRY? ~~Unknown~~ USA

13. FATHER'S NAME: ~~Unknown~~ James Dillon
14. MOTHER'S MAIDEN NAME: ~~Unknown~~ Ellen Carhart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ~~Unk~~ (If Yes, give war or dates of service) ——
16. SOCIAL SECURITY NO.: ~~Unk~~ None
17. INFORMANT & ADDRESS: ~~Hospital records~~ Mrs Matilda Bay Cir

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval Between Onset And Death: Instant.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) C.B.S. assoc. with disturbance of growth, metabolism or nutrition with senile brain disease with psychotic reaction.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —— 0
19b. MAJOR FINDINGS OF OPERATION ——
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) ——
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ——
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) —— m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? ——

22. I hereby certify that I attended the deceased from 12-18-1953, to 1-5-, 1954, that I last saw the deceased alive on 1-5-, 1954, and that death occurred at 10:00 P.M., from the causes and on the date stated above.

SIGNATURE M.N. Mastin, M.D. (Degree or title) ADDRESS Springfield State Hosp., Sykesville, Md. DATE SIGNED 1-5-54

23. BURIAL, CREMATION, REMOVAL (Specify) Removal DATE THEREOF Jan 1-1954 NAME OF CEMETERY OR CREMATORY Greenwood LOCATION (City, town, or county) Delaware Co. Penna (State)

DATE REC'D BY LOCAL REGISTRAR Jan. 7, 1954 REGISTRAR'S SIGNATURE C. Harry Weer

24. FUNERAL DIRECTOR Patriam & Gove 2224 N Charles St Balto 18 Md ADDRESS

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 32

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY: Carroll
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Henryton
LENGTH OF STAY (in this place): 13mos. 13days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore 2
STREET ADDRESS (If rural give location): 115 W. Hamburg Street

3. NAME OF DECEASED (Type or Print): (First) IRA (Middle) (Last) DIXON

4. DATE OF DEATH (Month) (Day) (Year): January 4, 54

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 10, 1910

9. AGE Last birthday: 43 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Forman

10b. KIND OF BUSINESS OR INDUSTRY: Oyster House

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Dixon

14. MOTHER'S MAIDEN NAME: Maude Thomas

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 217-05-9922

17. INFORMANT & ADDRESS: Mrs. Ida Dixon--115 Hamburg St. Baltimore, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

002X

Immediate cause (a) Far advanced bilateral pulmonary tuberculosis — June, 1952

DUE TO

Antecedent causes (s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: /

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 17, 52, to Jan. 4, 54, that I last saw the deceased alive on Jan. 4, 54, and that death occurred at 2: a.m., from the causes and on the date stated above.

SIGNATURE: H. Postal, M.D. (Degree or title)

ADDRESS: Henryton, Maryland

DATE SIGNED: 1-4-54

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE THEREOF: 1/7/54

NAME OF CEMETERY OR CREMATORY: Mt Calvary St

LOCATION (City, town, or county) (State): A.A. Co Md

DATE REC'D BY LOCAL REGISTRAR: 1-4-54

REGISTRAR'S SIGNATURE: Albert R. Trantham
Local Deputy

24. FUNERAL DIRECTOR: Isaiah L Brown Jr

ADDRESS: 1080 Montgomery St Balto Md

BUREAU V. S.

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MARYLAND

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 7

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Sykesville — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge, Maryland
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print): (First) SOPHIE (Middle) AUGUSTA (Last) DONALDSON

4. DATE OF DEATH: (Month) 1 (Day) 4 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 8/26/1861

9. AGE last birthday: 92 yrs. — If under 1 year: Months. Days. — If under 24 hrs: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): New York State

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Arthur B. Davis

14. MOTHER'S MAIDEN NAME: Sophie Proal

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS: Record, Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardiel degeneration — years

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c) C.B.S: associated with disturbance of metabolism, growth or nutrition 17.11 — years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: C

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (If home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/24, 1953, to 1/4, 1954, that I last saw the deceased alive on 1/3, 1954, and that death occurred at 105 a.m., from the causes and on the date stated above.

SIGNATURE Gertrude M. Gross (Degree or title) M. D. — ADDRESS Sykesville, Maryland — DATE SIGNED 1/4/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE Jan 5, 1954 — NAME OF CEMETERY OR CREMATORY Grace Episcopal Cem — LOCATION (City, town, or county) (State) Elkridge Howard Md

DATE REC'D BY LOCAL REG. 1-5-54 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR — ADDRESS Henry W. Gentsch & Sons C. 4905 York Rd

0341

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 72

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Uniontown
LENGTH OF STAY (in this place) 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS "

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Uniontown
STREET ADDRESS " (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) BERYL (Middle) VIRGINIA (Last) ERB

4. DATE OF DEATH: (Month) Jan. (Day) 14 (Year) 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Oct. 26 1864
9. AGE last birthday: 89 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. School Teacher
10b. KIND OF BUSINESS OR INDUSTRY: Public schools
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Josiah Erb
14. MOTHER'S MAIDEN NAME: Rebecca Stonesifer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mrs Edward Shipley, Uniontown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
442X Immediate cause	(a) Acute Card: AC Decompensation	1 hr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Myocarditis	5 yr
	DUE TO (c) Arteriosclerotic Cardiovascular Renal Dis	8 yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1948, to Jan 14, 1954, that I last saw the deceased alive on Jan 14, 1954, and that death occurred at 8:45 A.m., from the causes and on the date stated above.

SIGNATURE Chas R Foutz (DEGREE OR TITLE) MD, ADDRESS Westminster Md DATE SIGNED 1-14-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Jan. 16, 1954
NAME OF CEMETERY OR CREMATORY Methodist Cemetery
LOCATION (City, town, or county) Uniontown, (State) Md.

DATE REC'D BY LOCAL REG. Jan 16, 1954
REGISTRAR'S SIGNATURE Margaret R. Englar
24. FUNERAL DIRECTOR H. Bankard & Son, Westminster, ADDRESS Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

235

CERTIFICATE OF DEATH

Reg. Dist. No. 75

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manchester X
LENGTH OF STAY (in this place) 45
HOSPITAL OR INSTITUTION OR STREET ADDRESS 220 S. Main St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manchester X
STREET ADDRESS (If rural, give location) 220 S. Main St

3. NAME OF DECEASED: (Type or Print) (First) HARVEY (Middle) Edward (Last) ERB.
4. DATE OF DEATH: (Month) January (Day) 16 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: January 11 1884
9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cigar maker
10b. KIND OF BUSINESS OR INDUSTRY: Cigar Mfg.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Charles A. Erb
14. MOTHER'S MAIDEN NAME: Frances Ann Stonesifer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mrs Elva Erb. Manchester Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis ?

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) Hypertensive Cardio Rural Vascular disease ?

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1942, to Jan 16, 1954, that I last saw the deceased alive on January 16, 1954, and that death occurred at 10:08 P.M., from the causes and on the date stated above.

SIGNATURE Joseph E. Busbrook (DEGREE OR TITLE) M.D. ADDRESS Hampstead Md DATE SIGNED January 16, 1954

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 1-20-54
NAME OF CEMETERY OR CREMATORY Manchester Cem
LOCATION (City, town, or county) Manchester Carroll Md (State)

DATE REC'D BY LOCAL REG. Jan. 19/54
REGISTRAR'S SIGNATURE Mrs. W.P.S. Demmer
24. FUNERAL DIRECTOR [illegible] Manchester Md ADDRESS

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
LENGTH OF STAY (in this place) 40 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 114 E. Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location) 114 E. Main St.

3. NAME OF DECEASED (Type or Print) (First) ODELLA (Middle) MAY (Last) FLOOK
4. DATE OF DEATH (Month) Jan. (Day) 20 (Year) 1954
5. SEX F
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH Mar. 13 1886
9. AGE last birthday 67 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Frederick Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Martin Flook
14. MOTHER'S MAIDEN NAME ? Alexander
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mr. Roger B. Speir, Arlington, Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocarditis (chr) Nephritis (chr)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) II Hypertension Cerebral hemorrhage - about 2 yrs. ago

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1953, to Jan 20, 1954, that I last saw the deceased alive on Jan 19, 1954, and that death occurred at 12:15 p.m., from the causes and on the date stated above.

SIGNATURE W. C. Jennette M.D. (Degree or title) ADDRESS Westminster Md DATE SIGNED 1-21-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Jan 22
NAME OF CEMETERY OR CREMATORY Westminster Cemetery
LOCATION (City, town, or county) (State) Westminster Md.
DATE REC'D BY LOCAL REG. 1/21/54
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR J. E. [illegible] ADDRESS Westminster Md.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reese X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Caples Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster X
STREET ADDRESS (If rural, give location) R.D. 4

3. NAME OF DECEASED: (Type or Print) (First) CORA (Middle) MAY (Last) FOWLER
4. DATE OF DEATH: (Month) Jan. (Day) 17 (Year) 1954
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Jan. 2, 1873
9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: James W. Hook
14. MOTHER'S MAIDEN NAME: Catherine Lockard
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Raymond Fowler 57 Webster St. Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 590 X
Immediate cause (a) Myocarditis (Acute)
DUE TO Nephritis (Acute)
Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO
(c)
INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1940, to Jan 17, 1954, that I last saw the deceased alive on June 16-54, 1954, and that death occurred at 8 P.m., from the causes and on the date stated above.
SIGNATURE W. C. Jennett M.D. (DEGREE OR TITLE) ADDRESS Westminster Md DATE SIGNED 1-19-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Jan. 20, 1954
NAME OF CEMETERY OR CREMATORY St. Johns Cemetery
LOCATION (City, town, or county) Westminster (State) Md.
DATE REC'D BY LOCAL REG. 1/19/54
REGISTRAR'S SIGNATURE H. Woodward
24. FUNERAL DIRECTOR H. Bankard & Son Westminster ADDRESS Md

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 338

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Westminster Rural X
LENGTH OF STAY (in this place) 12 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D. 7 X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Westminster X
STREET ADDRESS (If rural, give location) R.D. 7

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) ELLEN VIRGINIA FOX
4. DATE OF DEATH: (Month) (Day) (Year) Jan. 12 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: Jan. 8-1922
9. AGE last birthday: 32 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George W. Hartcock
14. MOTHER'S MAIDEN NAME: Myrtle Shelton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 219-12-2435
17. INFORMANT & ADDRESS: William O. Fox R.D. 7 Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (CARCINOMA)

Immediate cause 171X (a) Adenoma Cervix - Squamous. — INTERVAL BETWEEN ONSET AND DEATH 2 yrs.

DUE TO

Antecedent cause(s) (b) with Generalized Metastases

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Mid thigh. Amputation Rt. - Sects Post op. Gangrene (9/4/53)

19a. DATE OF OPERATION: Last - 9/4/53 1
19b. MAJOR FINDINGS OF OPERATION: Carcinomatosis, Squamous Cell, Cervix.
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/8/, 1951, to 1/12, 1954, that I last saw the deceased alive on 1/12, 1954, and that death occurred at 9:30 A m., from the causes and on the date stated above.

SIGNATURE G. Ellen Moulton (DEGREE OR TITLE) MD. ADDRESS Westminster, Md DATE SIGNED 1/13/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF Jan. 15, 1954 — NAME OF CEMETERY OR CREMATORY Meadow Branch Cem. — LOCATION (City, town, or county) Westminster, Md. (State)

DATE REC'D BY LOCAL REG. 1/14/54 — REGISTRAR'S SIGNATURE F. R. Woodward — 24. FUNERAL DIRECTOR H. Bankard Son, Westminster, Md. — ADDRESS

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00339

CERTIFICATE OF DEATH

Reg. Dist. No. 78

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Carroll
CITY (If outside corporate limits, write RURAL) OR TOWN Westminster 27
LENGTH OF STAY (In this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY OR TOWN (If outside corporate limits, write RURAL, and give nearest town) Westminster X Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) MYRLE (Middle) LINDSAY (Last) HAINES

4. DATE OF DEATH: (Month) Jan. (Day) 16 (Year) 1954

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 11/21/1892

9. AGE last birthday: 61 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Walter A Barnes

14. MOTHER'S MAIDEN NAME: Mary Lindsay

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.: 219-05-9886

17. INFORMANT'S ADDRESS: C. M. Haines, Westminster Md. R. 10.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
331X
Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 6 weeks
DUE TO
Antecedent causes (s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 2, 1950, to Jan 16, 1954, that I last saw the deceased alive on Jan. 16, 1954, and that death occurred at 6:12 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) M. E. Robertson M.D.
ADDRESS New Windsor, Md
DATE SIGNED 1/16/54

23. BURIAL, CREMATION, REMOVAL (Specify) burial
DATE THEREOF 1/19/54
NAME OF CEMETERY OR CREMATORY Winters Cemetery
LOCATION (City, town, or country) (State) New Windsor R.D. Md
DATE REC'D BY LOCAL REGISTRAR Jan. 18, 1954
REGISTRAR'S SIGNATURE E. M. Farver
24. FUNERAL DIRECTOR D. O. Hartley & Sons
ADDRESS New Windsor, Md.

VS. A15

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville X
LENGTH OF STAY (in this place) 53 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Carroll
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville X
STREET ADDRESS (If rural give location) Springfield Ave.

3. NAME OF DECEASED: (Type or Print) (First) ROSA (Middle) ANNA (Last) HOBBS
4. DATE OF DEATH: (Month) Jan. (Day) 4 (Year) 1954

5. SEX: F.
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 2-9-1858
9. AGE last birthday: 95 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Nathan Cavey
14. MOTHER'S MAIDEN NAME: Mary Anna Frost

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Miss Mary Hobbs - Sykesville Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
450.0 Immediate cause	(a) Bilateral generalized Broncho-pneumonia	3 days
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Cardiac failure	✓
	DUE TO (c) Generalized arteriosclerosis	✓

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility ✓

19a. DATE OF OPERATION: ✓
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ——, 19 ..., on Jan. 4, 1954, that I last saw the deceased alive on Jan. 4, 1954, and that death occurred at 11:15 P.M., from the causes and on the date stated above.

SIGNATURE Bertrand R Gau (Degree or title) M.D. ADDRESS Sykesville Md. DATE SIGNED 1-5-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 1-7-54
NAME OF CEMETERY OR CREMATORY Springfield
LOCATION (City, town, or county) (State) Sykesville, Md.

DATE REC'D BY LOCAL REGISTRAR Jan. 5, 1954
REGISTRAR'S SIGNATURE C. Harry Weer
24. FUNERAL DIRECTOR Weer & Haight - Sykesville, Md. ADDRESS
Luther H. Haight

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 241

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Carroll
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural—Sykesville, Maryland
LENGTH OF STAY (in this place) 6 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 427 North Broadway ✓

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) (Last) Kotschenreuther

4. DATE OF DEATH: (Month) 1 (Day) 19 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 4-9-1876

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: Peter Poselt

14. MOTHER'S MAIDEN NAME: Unk—

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Records at Springfield State Hospital

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Accident — Interval Between Onset And Death: Hours

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arteriosclerosis — years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic brain syndrome associated with brain trauma gross force, with psychotic reaction — 7 mo.

19a. DATE OF OPERATION: 2

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. Accident before Hospitalization

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-27, 19 53, to 1/19, 19 54, that I last saw the deceased alive on 1/18, 19 54, and that death occurred at 12:45 a.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) Gertrude M. Gross M.D.

ADDRESS Sykesville, Md.

DATE SIGNED 1-19-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 1-22-54

NAME OF CEMETERY OR CREMATORY St Peter's Parish

LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR Jan. 19, 1954

REGISTRAR'S SIGNATURE C. Henry Edw

24. FUNERAL DIRECTOR W. E. Cook, Inc.

ADDRESS 12 N. Howard St. Balto.

VS. A15

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MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Sykesville
LENGTH OF STAY (in this place) 7 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 137 N. Linwood Avenue

3. NAME OF DECEASED (Type or Print) (First) ARTHUR (Middle) A. (Last) KRAEMER
4. DATE OF DEATH (Month) 1 (Day) 16 (Year) 1954
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 9/13/92
9. AGE last birthday 61 yrs. If under 1 year Months Days If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unemployed
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) USA
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME
14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Record, Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

177X

Immediate cause (a) Severe emaciation due to carcinoma of the prostate with widespread metastases

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH more than 4 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychoneurotic disorder, depressive react. months

19a. DATE OF OPERATION 2
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/21, 1953, to 1/16, 1954, that I last saw the deceased alive on 1/16/, 1954, and that death occurred at 10:45A m., from the causes and on the date stated above.

SIGNATURE Florian Nadolski (Degree or title) M.D. ADDRESS Sykesville, Maryland DATE SIGNED 1/16/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 1-20-54
NAME OF CEMETERY OR CREMATORY London Park
LOCATION (City, town, or county) Baltimore, Md. (State)
DATE REC'D BY LOCAL REG. Jan. 17, 1954
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Ulrich Funeral Home ADDRESS 4210 Belair Rd.

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BUREAU V. S.

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MARYLAND — STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH — COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Sykesville — LENGTH OF STAY (In this place): since 5/31/51
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: ---
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore City
STREET ADDRESS (If rural, give location): ---

3. NAME OF DECEASED (Type or Print): (First) Wong (Middle) - (Last) LUN

4. DATE OF DEATH: (Month) Jan. (Day) 24 (Year) 1954

5. SEX: male

6. COLOR OR RACE: yellow

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: ? Unk -

9. AGE last birthday: 62 ? yrs. — If under 1 year: Months. - Days - If under 24 hrs: Hours - Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Kitchen helper

10b. KIND OF BUSINESS OR INDUSTRY: Unk -

11. BIRTHPLACE (State or foreign country): China

12. CITIZEN OF WHAT COUNTRY? unknown

13. FATHER'S NAME: --- Unk -

14. MOTHER'S MAIDEN NAME: ? Unk -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown — (If year, give war or dates of service): -

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT AND ADDRESS: Records of Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331 X

Immediate cause (a) Chronic myocarditis & myocardial degeneration — 1 yr.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerosis with hypertension and cerebro-vascular accidents — 2 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with cerebral arteriosclerosis — 2 yrs.

19a. DATE OF OPERATION: 0 ---

19b. MAJOR FINDINGS OF OPERATION: ---

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT ___ SUICIDE ___ HOMICIDE ___ (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: ---

(CITY OR TOWN) ---

(COUNTY)

(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: ---

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from Feb. 7, 1952, to Jan. 24, 1954, that I last saw the deceased alive on Jan. 24, 1954, and that death occurred at 6:35 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Martin Gross M.D. — Martin Gross, M.D. — ADDRESS: Sykesville, Maryland — DATE SIGNED: 1/25/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Jan-28-1954 — NAME OF CEMETERY OR CREMATORY: Lorraine Park Cemetery — LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE REC'D BY LOCAL REG.: Jan. 26, 1954 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR — ADDRESS: Stewart & Mowen Co., 108 W. North Ave.

Baltimore #1.

MARGIN RESERVED FOR BINDING

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 82

1. PLACE OF DEATH:

COUNTY Carroll MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Airy X

LENGTH OF STAY (in this place) life

HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Carroll

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Mt. Airy

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) WILLIAM (Last) MAIN

4. DATE OF DEATH (Month) Jan (Day) 10 (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH: 1-19-1893

9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: construction

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George W. Main

14. MOTHER'S MAIDEN NAME: Margaret R. Lare

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 216-09-8461

17. INFORMANT & ADDRESS: Mrs. Irene Main, Mt. Airy, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Coronary artery disease — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Chronic C.V disease — years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James T. Marsh M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 1-11-54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF 1-13-1954

NAME OF CEMETERY ~~OR CREMATORY~~ Pleasant Hill

LOCATION (City, town, or county) (State) Frederick Co., Maryland

DATE REC'D BY LOCAL REG. Jan 12-54

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR ADDRESS C. M. Waltz, Winfield, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 94

1. PLACE OF DEATH: Springfield Hospital
COUNTY Carrol MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville X
LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield Hospital 15

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 6307 Clear Spring Road.

3. NAME OF DECEASED: (Type or Print) MARY (First) REBECCA (Middle) MALLALIEU (Last)

4. DATE OF DEATH: (Month) January (Day) 28 (Year) 1954

5. SEX: Fem.
6. COLOR OR RACE: WH.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Febr. 4, 1870
9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Mortimer Griffith
14. MOTHER'S MAIDEN NAME: Mary Rebecca Cassell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: Unk.
17. INFORMANT & ADDRESS: Son Dr. C. William Mallalieu 2016 Confederate Place Louiville, Ky

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4 0.0

Immediate cause (a) Acute Intestinal Obstruction (Paral. Ileus)

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Generalized Arteriosclerosis

DUE TO

(c)

Interval Between Onset And Death: L month 20 y.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with cerebral arteriosclerosis

19a. DATE OF OPERATION: X
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-26, 1951, to 1-26, 1954, that I last saw the deceased alive on 1-25, 1954, and that death occurred at 1-27-54 3:30 p.m. from the causes and on the date stated above.

SIGNATURE Gertrud Sonnenfeldt (Degree or title) M.D. ADDRESS DATE SIGNED 1-28-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 1-29-54
NAME OF CEMETERY OR CREMATORY Mt Olivet
LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REGISTRAR Jan. 28, 1954
REGISTRAR'S SIGNATURE C. Harry Weer
24. FUNERAL DIRECTOR Weer & Haight - Sykesville, Md. ADDRESS
Luther H. Haight

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 83

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - woodbine
LENGTH OF STAY (in this place) 47 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 1. woodbine

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - woodbine
STREET ADDRESS (If rural, give location) Route 1 - woodbine

3. NAME OF DECEASED (Type or Print) (First) Jesse (Middle) Bernard (Last) Maring

4. DATE OF DEATH (Month) January (Day) 26 (Year) 1954

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH June 9, 1885
9. AGE last birthday 68 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME George Garner Maring
14. MOTHER'S MAIDEN NAME Louisa Coppersmith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If year, give war or dates of service)
16. SOCIAL SECURITY No. NONE
17. INFORMANT AND ADDRESS Mrs. Jesse B. Maring - Rt 1 - woodbine Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

526X

Immediate cause (a) Bronchiectasis — INTERVAL BETWEEN ONSET AND DEATH: 15 years

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Secondary to Measles (?)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1952, to Jan., 1954, that I last saw the deceased alive on Jan. 24, 1954, and that death occurred at 2:21 P. m., from the causes and on the date stated above.

SIGNATURE W. B. Culwell (Degree or title) MD. ADDRESS Mt. Airy, Md. DATE SIGNED Jan. 26, 1954

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 1-29-1954
NAME OF CEMETERY OR CREMATORY Winfield Church of God
LOCATION (City, town, or county) Carroll Co. (State) Maryland.

DATE REC'D BY LOCAL REG. 1-28-54
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR C. M. Waltz ADDRESS Winfield Md

0352

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Finksburg
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hale Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Finksburg~~ Rural
STREET ADDRESS (If rural, give location) Buck School House Road

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) William (Last) McKinney
4. DATE OF DEATH: (Month) Jan. (Day) 15 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Nov.10,1866
9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer
10b. KIND OF BUSINESS OR INDUSTRY: -------
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Joseph McKinney
14. MOTHER'S MAIDEN NAME: ? ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) 1890-1897
16. SOCIAL SECURITY NO.: --------
17. INFORMANT & ADDRESS: J.William McKinney 117 S.Potomac St Balto.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 443X

Immediate cause (a) Myocarditis - Chronic Decompensation — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) hypertension — years

DUE TO

(c) arteriosclerosis-general — years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-1953, to 1-15-1954, that I last saw the deceased alive on 1-14-1954, and that death occurred at 10:30 m. from the causes and on the date stated above.

SIGNATURE James G. Saffell (DEGREE OR TITLE) M.D. ADDRESS Reisterstown Md DATE SIGNED 1-15-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF 1/19/54 NAME OF CEMETERY OR CREMATORY Balto.Nat'l. Cem. LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REG. Jan 18, 1954 REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR John A. Moran ADDRESS 3000 E. Balto.St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

6353

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 7H

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Sykesville
LENGTH OF STAY (in this place) 21 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 5611 Hover Street

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) E. (Last) MERSON
4. DATE OF DEATH: (Month) 1 (Day) 1 (Year) 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH: not known
9. AGE last birthday: 87 yrs. If under 1 year: Months. Days. If under 24 hrs: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: not known
14. MOTHER'S MAIDEN NAME: Not Recorded

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No
16. SOCIAL SECURITY No.: -
17. INFORMANT AND ADDRESS: Record, Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
442.X Immediate cause	(a) Cerebral hemorrhage	12 hrs
Antecedent cause(s)	(b) Cerebral Arteriosclerosis - Senile disease	unknown
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic brain syndrome with senile brain disease — years

19a. DATE OF OPERATION: -
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/10 19 53, to 1/1/ 19 54, that I last saw the deceased alive on 12/31 19 53, and that death occurred at 12:9 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Walter H. Sonnenfeld M. D.
ADDRESS Sykesville, Maryland
DATE SIGNED 1/1/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE Jan. 4 1954
NAME OF CEMETERY OR CREMATORY Ramstown
LOCATION (City, town, or county) Montgomery (State) Md.

DATE REC'D BY LOCAL REG. Jan. 2, 1954
REGISTRAR'S SIGNATURE C. Henry Edwards
24. FUNERAL DIRECTOR Robert A. Humphrey
ADDRESS Ellicott, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 348

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville
LENGTH OF STAY (in this place) 10 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Monty
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevy Chase
STREET ADDRESS (If rural give location) 7313 Pinehurst Pkwy

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Ellen (Last) Murphy

4. DATE OF DEATH: (Month) 1 (Day) 9 (Year) 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: Nov 25/1879
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): England
12. CITIZEN OF WHAT COUNTRY? Naturalized

13. FATHER'S NAME: Unk
14. MOTHER'S MAIDEN NAME: Unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: Unk
17. INFORMANT & ADDRESS: Mrs Gladys Porter

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 44 2 X
(a) Hypertensive heart disease — Interval Between Onset And Death: Years
DUE TO arteriosclerosis generalized — " —
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) chronic brain syndrome associated — " —
DUE TO with disturbance of metabolism
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 21, 1953, to Jan 9, 1954, that I last saw the deceased alive on Jan 9, 1954, and that death occurred at 10:35 pm, from the causes and on the date stated above.
SIGNATURE A. Lubizka M.D. (Degree or title) ADDRESS Springfield Hospital DATE SIGNED 1/9/54

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation
DATE THEREOF 1-12-54
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) (State) Wash. D.C.
DATE REC'D BY LOCAL REGISTRAR Jan. 10, 1954
REGISTRAR'S SIGNATURE C. Harry Weer
24. FUNERAL DIRECTOR Chevy Chase Funeral Home ADDRESS Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]49

CERTIFICATE OF DEATH

Reg. Dist. No. 7#

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Carroll
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Rural Sykesville, Maryland
LENGTH OF STAY (in this place) 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminister
STREET ADDRESS (If rural give location) Rural Route #2

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) Martin (Last) Myers
4. DATE OF DEATH: (Month) 1 (Day) 29 (Year) 1954
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: 1-4-1877
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Unk —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Unk —
14. MOTHER'S MAIDEN NAME: Unk —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: Unk —
17. INFORMANT & ADDRESS: Records: Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Uremia due to — 1 week

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) pyelonephritis and acute suppurative prostatitis — 1 or 2 mo.
DUE TO (c) Arteriosclerosis, generalized — years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Brain Syndrome assoc. with disturbance of growth, metabolism or nutrition, senile brain disease

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-12 ,19 54, to 1-29- , 19 54, that I last saw the deceased alive on 1-29 , 19 54, and that death occurred at 2:30 A.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) Gertrude M. Gross, M.D
ADDRESS Sykesville, Maryland
DATE SIGNED 1-29-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2-2-54
NAME OF CEMETERY OR CREMATORY Methodist Protestant Cemetery
LOCATION (City, town, or county) Union Town (State)

DATE REC'D BY LOCAL REGISTRAR Jan. 30, 1954
REGISTRAR'S SIGNATURE C. Henry Elwood
24. FUNERAL DIRECTOR C.O. Fuss & Son
ADDRESS Taneytown, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 70

250

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Keymar X
LENGTH OF STAY (in this place) 40 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE Maryland COUNTY Carroll
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Keymar
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Allie (Middle) M. (Last) Newman

4. DATE OF DEATH: (Month) January (Day) 29 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Sept.7, 1863

9. AGE last birthday: 90 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Bowman

14. MOTHER'S MAIDEN NAME: Mary Hyder

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: William T. Newman, Keymar, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Fracture of Femur

DUE TO (c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accidental

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home

(CITY OR TOWN) (COUNTY) Carroll (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? Slipped and fell

22. I hereby certify that I attended the deceased from Jan 29, 1954 to Jan 29, 1954, that I last saw the deceased alive on Jan 29, 1954 and that death occurred at 2 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) J. H. Moller, Mt. Union Bridge, Feb 1, 54 ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Feb. 2, 1954

NAME OF CEMETERY OR CREMATORY Mt. Zion Haugh's Cemetery

LOCATION (City, town, or county) New Midway, Maryland (State)

DATE REC'D BY LOCAL REGISTRAR Feb 2, 1954

REGISTRAR'S SIGNATURE Ethel M. Mehring

24. FUNERAL DIRECTOR C.O.Fuss & Son, Taneytown, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

351

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carrol MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville X
LENGTH OF STAY (In this place) 1 10 y.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington D.C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 718 Webster Str. N.W.

3. NAME OF DECEASED: (Type or Print) (First) Norwood (Middle) Margaret Elizabeth (Last)

4. DATE OF DEATH: (Month) (Day) (Year) January 2 1954

5. SEX: Fem
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Aug. 5. 1865
9. AGE last birthday: 88 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Grover Brown
14. MOTHER'S MAIDEN NAME: Dolly Hood

15 WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk) Unk. (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: Unk.
17. INFORMANT & ADDRESS: Springfield Hosp. Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

42.7.1 Coronary Occlusion — Minutes

Immediate cause (a) DUE TO Chr. Art-scl. Cardio-vascular dis. — 10y. or

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis , depressed type — 10y. or more

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 15, 1950, to Jan. 2, 1954, that I last saw the deceased alive on Jan. 1, 1954, and that death occurred at 2:10 P.M., from the causes and on the date stated above.

SIGNATURE Gertrud Sonnenfeldt M.D. (Degree or title) Springfield State Hospital Sykesville Md. ADDRESS DATE SIGNED 1/2/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 1-4-54
NAME OF CEMETERY OR CREMATORY Pine Grove
LOCATION (City, town, or county) (State) Mt. Airy, Md.

DATE REC'D BY LOCAL REGISTRAR Jan. 3, 1954
REGISTRAR'S SIGNATURE C. Harry Weer
24. FUNERAL DIRECTOR C. M. Waltz ADDRESS Winfield, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No. 1

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster 77
LENGTH OF STAY (in this place) Transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hampstead (Rural)
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) CHARLEY (Middle) C. (Last) PALMER

4. DATE OF DEATH (Month) Jan (Day) 19 (Year) 1954

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Aug 25-1887
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: House
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Palmer
14. MOTHER'S MAIDEN NAME: Elizabeth Murray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: 217-01-8326
17. INFORMANT & ADDRESS: Mrs Charley Palmer. Hampstead Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Minutes

420.1

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: /
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James T Marsh M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 1-19-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Jan 27/54
NAME OF CEMETERY OR CREMATORY Mt Zion
LOCATION (City, town, or county) Balto Co Md (State)
DATE REC'D BY LOCAL REG. 1/23/54
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Edw. Clipton. ADDRESS Hampstead Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 458

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Sykesville, Maryland
LENGTH OF STAY (in this place) 2yrs.1mo.26da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 315 S. Payson St.

3. NAME OF DECEASED: (Type or Print) (First) Nicholas (Middle) (Last) Reese
4. DATE OF DEATH: (Month) 1 (Day) 27 (Year) 19 54
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Probably 3-17-1885
9. AGE last birthday: 68-? yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Unk -
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Henry Reese
14. MOTHER'S MAIDEN NAME: Catherine Gosch
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No - (If Yes, give war or dates of service) NO
16. SOCIAL SECURITY No.: Unk -
17. INFORMANT & ADDRESS: Record, Springfield State Hospital

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
331X Immediate cause	(a) Terminal Bronchopneumonia	48 hrs.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Cerebral Hemorrhage	13 days
002X	DUE TO (c) Arteriosclerosis	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
Cerebral arteriosclerosis with psychosis 4 yrs.
Pulmonary tuberculosis- fracture of left hip TB 3 yrs. (13 days)

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-29, 19 50 to 1-27, 1954, that I last saw the deceased alive on 1-27, 19 54, and that death occurred at 9:30 A.M. from the causes and on the date stated above.
SIGNATURE (Degree or title) W. H. Sonnenfeldt M.D. Springfield State Hospital DATE SIGNED 1-27-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2-17-54
NAME OF CEMETERY OR CREMATORY Springfield
LOCATION (City, town, or county) (State) Sykesville, Md.
DATE REC'D BY LOCAL REGISTRAR Feb. 16, 1954
REGISTRAR'S SIGNATURE C. Harry Weer
24. FUNERAL DIRECTOR Weer & Haight ADDRESS Sykesville, Md.
Luther H. Haight

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural Westminster X LENGTH OF STAY (in this place) 2 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural Westminster
HOSPITAL OR INSTITUTION OR STREET ADDRESS R 4 X	STREET ADDRESS R 6 (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Rebecca	Elizabeth	Reese	Jan. 11 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	Nov. 8, 1865	88 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
House wife	Own home	Carroll County, Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joshua Magee	Mary Orndorff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no -----	---------	Mrs. Hilda Wimert Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Valvular heart disease	3 yrs
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-6-, 1954, to 1-11-, 1954, that I last saw the deceased alive on 1-11-, 1954, and that death occurred at 9:30 p. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Reese Wilkens	M.D	Westminster Md	1/13/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan. 14, 1954	St. John's Catholic	Westminster Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
		John R. Byers	Westminster, Md.

RECEIVED

BUREAU V. S.

0360

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 83

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH — COUNTY: Carroll — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural-Woodbine
LENGTH OF STAY (in this place): 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural--Woodbine
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) HATTIE (Middle) G. (Last) ROBERTSON

4. DATE OF DEATH: (Month) JAN. (Day) 5 (Year) 1954

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: 4-20-1882

9. AGE last birthday: 71 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: John P. Miller

14. MOTHER'S MAIDEN NAME: Martha E. Brice

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Harry T. Robertson, Woodbine, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval between onset and death: 1/2 hr

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1943 to Jan. 5, 1954 that I last saw the deceased alive on Jan 2, 1954, and that death occurred at 8:45 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Reese Wilkens M.D. ADDRESS: Westminster DATE SIGNED: 1/5/54

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE THEREOF: 1-8-1954 — NAME OF CEMETERY OR CREMATORY: Winfield Church of God — LOCATION (City, town, or county) (State): Carroll Co., Maryland

DATE REC'D BY LOCAL REG.: Jan. 8, 1954 — REGISTRAR'S SIGNATURE: Edna M. Hewitt

24. FUNERAL DIRECTOR — ADDRESS: C. M. Waltz, Winfield, Md.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton
LENGTH OF STAY (in this place) 1-year
HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) ELIAS (Middle) LAWRENCE (Last) RUSSELL

4. DATE OF DEATH: (Month) Jan. (Day) 6 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Nov. 6, 1900

9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Rockville, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Russell

14. MOTHER'S MAIDEN NAME: Mary Bonds

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 220-07-5370

17. INFORMANT & ADDRESS: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Far advanced bilateral cavitary tuberculosis

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death: 13 yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 6, 1953, to Jan. 6, 1954, that I last saw the deceased alive on Jan. 6, 1954, and that death occurred at 12:35 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) T. F. Vestal M.D.

ADDRESS Henryton, Maryland

DATE SIGNED 1/6/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Jan 10, 1954

NAME OF CEMETERY OR CREMATORY Mtyson Cemetery

LOCATION (City, town, or county) Montgomery (State) md

DATE REC'D BY LOCAL REGISTRAR 1/6/54

REGISTRAR'S SIGNATURE Albert R. Swanthams

Local Deputy

24. FUNERAL DIRECTOR Robert L. Snowden

ADDRESS Rockville md

BUREAU V. S.

0352

0356

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 1

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Sykesville
LENGTH OF STAY (in this place) since 8/20/53
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Travilah
STREET ADDRESS (If rural, give location) Route #1

3. NAME OF DECEASED (Type or Print) (First) Percy (Middle) Mahlon (Last) SELBY

4. DATE OF DEATH (Month) January (Day) 27 (Year) 1954

5. SEX male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH 6/15/82

9. AGE last birthday 71 yrs. If under 1 year Months — Days — If under 24 hrs Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Surveyor

10b. KIND OF BUSINESS OR INDUSTRY Surveying

11. BIRTHPLACE (State or foreign country) Travilah, Maryland

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME Mahlon Selby

14. MOTHER'S MAIDEN NAME Virginia - ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If year, give war or dates of service) ---

16. SOCIAL SECURITY NO. unknown

17. INFORMANT AND ADDRESS Records - Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 6 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral bleeding — 10 yrs.

(c) ---

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with cerebral arteriosclerosis — more than 10 yrs.

19a. DATE OF OPERATION ---

19b. MAJOR FINDINGS OF OPERATION ---

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) ---

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ---

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) --- m.

INJURY OCCURRED --- While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from Sept. 26 1953, to Jan. 27, 1954, that I last saw the deceased alive on Jan. 27, 1954, and that death occurred at 3:15 P. m., from the causes and on the date stated above.

SIGNATURE Martin Gross, M.D. (Degree or title) Martin Gross, M.D. ADDRESS Sykesville, Maryland DATE SIGNED 1/28/54

23. BURIAL, CREMATION REMOVAL (Specify) B DATE NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. Jan. 28, 1954 REGISTRAR'S SIGNATURE C. Harry Weer

24. FUNERAL DIRECTOR ADDRESS

C363

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Carrol — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville | LENGTH OF STAY (in this place) 5 1/2 y.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk, Md
STREET ADDRESS (If rural, give location) 6 avon Ave.

3. NAME OF DECEASED (Type or Print): (First) Frederick (Middle) (Last) SOSCO Fosco

4. DATE OF DEATH: (Month) 1 (Day) 16 (Year) 1954

5. SEX m | 6. COLOR OR RACE w | 7. (SINGLE) MARRIED, WIDOWED, DIVORCED, (Specify) —

8. DATE OF BIRTH —

9. AGE last birthday 59 yrs. | If under 1 year: Months — Days — | If under 24 hrs: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Asser

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) —

12. CITIZEN OF WHAT COUNTRY? Italy

13. FATHER'S NAME —

14. MOTHER'S MAIDEN NAME —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS Roderman, Dundalk, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002X

Immediate cause (a) Massive pulmonary hemorrhage — Interval between onset and death: few minutes

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) active pulmonary tuberculosis — years

(c) Brain syndrom with convulsive disorder and psychosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1948, to 1/16, 1954, that I last saw the deceased alive on 1/16, 1954, and that death occurred at 7 pm, from the causes and on the date stated above.

SIGNATURE A. Lubizio (Degree or title) M.D. ADDRESS Springfield Hosp. DATE SIGNED 1/16/54

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE 1-19-54 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR — ADDRESS

C364

1358

MARYLAND — **STATE DEPARTMETT OF HEALTH**

CERTIFICATE OF DEATH

Reg. Dist. No. 70

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Near Taneytown X
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Harney X

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X: Near Taneytown
STREET ADDRESS (If rural, give location): Harney

3. NAME OF DECEASED (Type or Print): (First) Edgar (Middle) Maurice (Last) Staub

4. DATE OF DEATH: (Month) 1/18/54 (Day) (Year) 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 5/1/1872

9. AGE last birthday: 81 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cigar Maker Retired

10b. KIND OF BUSINESS OR INDUSTRY: Cigar Shop

11. BIRTHPLACE (State or foreign country): Carroll Co., Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Staub

14. MOTHER'S MAIDEN NAME: Sarah Sullivan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: John Staub Littlestown, Pa. R.D.1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

446X
Immediate cause (a) Chronic Arteriosclerotic Nephritis — 5 yrs.

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Generalized Arteriosclerosis — 15 yrs.
(c)

034X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Tabes Dorsalis, Bilateral Cataracts

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/7, 1939, to 1/18, 1954, that I last saw the deceased alive on 1/18, 1954, and that death occurred at 8:50 A m., from the causes and on the date stated above.

SIGNATURE: R. D. McVaugh (Degree or title) M.D. ADDRESS: Taneytown, Md. DATE SIGNED: 1/18/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 1/20/54 — NAME OF CEMETERY OR CREMATORY: Mt. Carmel Cemetery — LOCATION (City, town, or county) (State): Littlestown, Adams Co., Pa.

DATE REC'D BY LOCAL REC.: Jan 18, 1954 — REGISTRAR'S SIGNATURE: Ethel M. Mehring

24. FUNERAL DIRECTOR: J. M. Littleton by R. A. Little — ADDRESS: Littlestown, Pa.

RECEIVED
JAN 20 1954
BUREAU V. S.

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M

MARYLAND

STATE DEPARTMETT OF HEALTH

0359

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville X — LENGTH OF STAY (In this place) 15 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital	STREET ADDRESS (If rural, give location) 1020 Hollins Street

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) (Last) Stonesifer			4. DATE OF DEATH (Month) Jan. (Day) 12 (Year) 1954		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH 7-15-1865 ?	9. AGE last birthday 88 ? yrs.	If under 1 year Months. Days; If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ----	10b. KIND OF BUSINESS OR INDUSTRY ----		11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME ? Broderick			14. MOTHER'S MAIDEN NAME Not known		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY NO. ------		17. INFORMANT AND ADDRESS Hospital records		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
422.1 Immediate cause (a)	Acute Bronchopneumonia	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Artetioscl. Cardio-vasc. Dis.	20 y.
(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Senile Psychosis	15y. or m

19a. DATE OF OPERATION 0	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 15, 1950, to Jan. 12, 1954, that I last saw the deceased alive on Jan. 12, 1954, and that death occurred at 11 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Gerhard Sonnenfeldt M.D.	Sykesville Md.	Springfield State Hospital	1-12-54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1-15-54	Loudon PK	Balto Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 15, 1954	A. W. Hedrick	Edward Loudon	Balto 30 Md

MARGIN RESERVED FOR BINDING

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Items 3,8 & 9; Film G160 1/8/54 dmr.
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18[illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Sykesville Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Sykesville
LENGTH OF STAY (in this place) 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 5909 Leith Walk

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Philip (Last) Strassberger — Also known as John F. Strassberger

4. DATE OF DEATH: (Month) 1 (Day) 3 (Year) 1954

5. SEX: male

6. COLOR OR RACE: w

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 7-29-1878

9. AGE last birthday: 175 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): decorator

10b. KIND OF BUSINESS OR INDUSTRY: Work-

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Philip Strassberger

14. MOTHER'S MAIDEN NAME: Helen Schaak Scholl

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: 215-09-702a

17. INFORMANT & ADDRESS: wife, 5909 Leith Walk, Baltimore 12

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) cerebral hemorrhage — Interval Between Onset And Death: 4 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) general arteriosclerosis — years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic bronchitis & duodenal ulcer with cerebral arteriosclerosis, psychosis — few years

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/16/1953, to 1/2/1954, that I last saw the deceased alive on 1/2/1954, and that death occurred at 1/3/1954, from the causes and on the date stated above.

SIGNATURE (Degree or title) A. Lubizba, M.D. — ADDRESS Springfield Hospital — DATE SIGNED 1/3/1954

23. BURIAL, CREMATION, REMOVAL (Specify) Funeral — DATE THEREOF 1-6-54 — NAME OF CEMETERY OR CREMATORY Holy Cross — LOCATION (City, town, or county) (State) Balto. Co. Md.

DATE REC'D BY LOCAL REGISTRAR Jan. 4-1954 — REGISTRAR'S SIGNATURE C. Henry Tice

24. FUNERAL DIRECTOR Walter Conklin — ADDRESS 924 E. Eager St.

VS. A15

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JAN 7 19[illegible]
BUREAU V

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1362

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place) 3 years 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 15, 3 Vol. 4
STREET ADDRESS (If rural give location) 2924 Violet Avenue

3. NAME OF DECEASED: (Type or Print) (First) Lillian (Middle) Sarah (Last) Walderman

4. DATE OF DEATH: (Month) 1 (Day) 31 (Year) 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 10/16/1922
9. AGE last birthday: 31 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harry Krieger
14. MOTHER'S MAIDEN NAME: Reba Blatt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: Unk.
17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
300.2
Immediate cause (a) Pulmonary edema — Interval Between Onset And Death: minutes
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Acute cardiac failure — 1 hour
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenic reaction, catatonic type — years

19a. DATE OF OPERATION: 1/30/54
19b. MAJOR FINDINGS OF OPERATION: Topectomy
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/17, 1951, to 1/31, 1954, that I last saw the deceased alive on 1/31, 1954, and that death occurred at 10:15 a.m., from the causes and on the date stated above.
SIGNATURE (Degree or title) Gertrude M. Gross, M.D. ADDRESS Sykesville, Md DATE SIGNED 1/31/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2-1-54
NAME OF CEMETERY OR CREMATORY Mt Carmel
LOCATION (City, town, or county) (State) Baltimore, Md.
DATE REC'D BY LOCAL REGISTRAR Jan. 31, 1954
REGISTRAR'S SIGNATURE C. Harry Weber
24. FUNERAL DIRECTOR Jack Lewis, Inc. ADDRESS 2100 Eutaw Place

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00361

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville X
LENGTH OF STAY (in this place) 19 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville
STREET ADDRESS (If rural give location) R.F.D. # 3

3. NAME OF DECEASED: (Type or Print) (First) Sue (Middle) Estelle (Last) Ware

4. DATE OF DEATH: (Month) 1 (Day) 3 (Year) 1954

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: 2-6 1889 Year not known
9. AGE last birthday: 64+ yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): teacher
10b. KIND OF BUSINESS OR INDUSTRY: Public School
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Ware
14. MOTHER'S MAIDEN NAME: Ellen Richardson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: Unk
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442 X

Immediate cause (a) Uremia — Interval Between Onset And Death: 24 hrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cardio-vascular-renal disease — years.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Manic-depressive psychosis depressed — one year.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-15-1953, to 1-3-, 1954, that I last saw the deceased alive on 1-2-1954, and that death occurred at 9 15 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Walther H Sonnenfeldt M.D. ADDRESS Springfield State Hospital DATE SIGNED 1-3-1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 1-5-54
NAME OF CEMETERY OR CREMATORY Springfield
LOCATION (City, town, or county) (State) Sykesville, Md.

DATE REC'D BY LOCAL REGISTRAR Jan. 4, 1954
REGISTRAR'S SIGNATURE C. Harry Weer
24. FUNERAL DIRECTOR Weer & Haight - Sykesville, Md. ADDRESS
Luther H. Haight

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 77

1. PLACE OF DEATH: COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead Md; LENGTH OF STAY (in this place) 19 Yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 346 N. Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead, Md; STREET ADDRESS (If rural, give location) 346 N. Main St

3. NAME OF DECEASED (Type or Print): (First) Roger (Middle) Milton (Last) Wolfe

4. DATE OF DEATH: (Month) January (Day) 5 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 6, 1895

9. AGE: Last Birthday 58 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer & Trapper

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): Westminster Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Amos M. Wolfe

14. MOTHER'S MAIDEN NAME: Lizzie Roger.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: lost

17. INFORMANT AND ADDRESS: Mrs Catherine L. Wolfe, Hampstead Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4434

Immediate cause (a) Cerebral Hemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension Cardio-Vascular Disease (c)

INTERVAL BETWEEN ONSET AND DEATH: 48 hrs (2)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 3, 1954, to Jan 5, 1954, that I last saw the deceased alive on Jan 4, 1954, and that death occurred at 9 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Lloyd E Bush MD

ADDRESS: Hampstead Md

DATE SIGNED: Jan 5, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 1-8-54

NAME OF CEMETERY OR CREMATORY: Meadow Branch

LOCATION (City, town, or county) (State): Westminster Carroll Md

DATE REC'D BY LOCAL REG.: 1/6/54

REGISTRAR'S SIGNATURE: Henry Reed

24. FUNERAL DIRECTOR: R B Wink

ADDRESS: Manchester Md

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00364 76

CERTIFICATE OF DEATH

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Finksburg
LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Baltimore COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown 03 X-2
STREET ADDRESS (If rural give location) Berrymans Lane X

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Dalves (Last) Young

4. DATE OF DEATH: (Month) Jan. (Day) 7, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Sept. 21, 1869

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Carpenter, self employed

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore County

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George Washington Young

14. MOTHER'S MAIDEN NAME: Mary —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. George Maynard, Reisterstown, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) 420.1 Coronary Thrombosis	Sudden
DUE TO		
Antecedent causes (s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last.	(b) Myocarditis - chronic	2 yrs
DUE TO		
	(c) Arteriosclerosis - general	4 yrs

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-30, 19 30, to 1-7-, 19 54, that I last saw the deceased alive on 1-3-, 19 54, and that death occurred at 5 30 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
James L. Saffell M.D. Reisterstown Md 1-10-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Jan. 11, 1954
NAME OF CEMETERY OR CREMATORY Druid Ridge
LOCATION (City, town, or county) (State) Pikesville, Md.

DATE REC'D BY LOCAL REGISTRAR 1-10-54
REGISTRAR'S SIGNATURE Harry B. Eline
L. K. Woodward mnk.

24. FUNERAL DIRECTOR ADDRESS
J.F. Eline & Sons, Reisterstown, Md.

VS. A15

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00365

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Finksburg | LENGTH OF STAY (In this place) 15 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Finksburg
STREET ADDRESS (If rural, give location) X

3. NAME OF DECEASED (Type or Print): (First) Earl (Middle) William (Last) Zentz

4. DATE OF DEATH: (Month) Jan. (Day) 12 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Apr. 8, 1880

9. AGE last birthday: 73 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm work

11. BIRTHPLACE (State or foreign country): Taneytown, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Franklin Zentz

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: ----------

17. INFORMANT AND ADDRESS: William Zentz Reisterstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) mitral insufficiency — years

(c) hypertention — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: -

19b. MAJOR FINDINGS OF OPERATION: -

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): - | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: - | (CITY OR TOWN): - | (COUNTY): - | (STATE): -

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: - | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-30, 19..., to 1-12-54, 19..., that I last saw the deceased alive on 1-11-54, 19..., and that death occurred at 2 p.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) M.D. ADDRESS: Reisterstown Md DATE SIGNED: 1-13-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Jan. 15, 1954 | NAME OF CEMETERY OR CREMATORY: Finksburg Cemetery | LOCATION (City, town, or county) (State): Finksburg Md.

DATE REC'D BY LOCAL REG.: 1/14/54 | REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: John R. Byers ADDRESS: Westminster, Md.

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